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(*b*) Special sanitary conditions.
(*c*) Personal hygiene, no dissipation.
3. Regular employment.
(*a*) Seek employment.
(*b*) Prompt attendance.
4. Procuring medical and surgical relief in case of sickness or accidents.
5. Contribution to sick insurance fund.
6. Education.
(*a*) Prevention of sickness.
(*b*) Prevention of accidents.
(*c*) Special rules for dangerous processes.
(*d*) Study to increase efficiency and fitness for promotion or increase in pay.

C. STATE RESPONSIBILITY.

1. Housing—home, shops, places of amusements, etc.
(*a*) Sanitary building regulations.
(*b*) Special regulations governing sanitation.
(*c*) Sanitary inspections.
(*d*) Licensing of dangerous trades.
(*e*) Personal hygiene requirements.
2. Regulations of hours of labor
(*a*) Day and night, to prevent exhaustion.
(*b*) No night work for women, young persons, or children.
(*c*) No child labor under 14 years.
(*d*) Overtime to be eliminated where practicable.
3. Minimum wage scale.
4. Medical supervision.
(*a*) Free hospitals for indigents.
(*b*) Dispensaries for-indigents.
(*c*) Regulations governing medical attendance in certain industries.
5. Pure-food regulations.
6. Pure water supply.
7. Special measures to prevent disease.
8. Regulation of social insurance or compulsory sick and old age insurance.
9. Education of those concerned.

TRACHOMA IN KENTUCKY.

A REPORT OF A SANITARY INSPECTION OF THE SCHOOLS OF JEFFERSON COUNTY, KY., WITH SPECIAL REFERENCE TO THE PREVALENCE OF TRACHOMA.

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On request of the State and local authorities, and in accordance with orders of December 1, 1913, from the Surgeon General, a sanitary inspection of the schools of Jefferson County, Ky., was undertaken for the particular object of ascertaining the prevalence of trachoma among school children. The work of inspection was begun December 7, 1913, and terminated February 14, 1914, there having been 12 days, interruption during this time on account of the Christmas holidays.

Jefferson County, one of the most important trade centers in the State, borders on the Ohio River and has a large urban as well as rural population. It has an area of 387 square miles. Located within its borders is the city of Louisville.

The population of the county (census of 1910) is 262,920, of whom 223,928 are within urban limits and 38,992 in the rural section. Of the total population 217,109 are white and 45,794 negroes. Of the white population 19,243 are foreign-born. While the total population of the county in 1900 was 232,549, and in 1910, 262,920, the foreign-born white population in 1900 was 23,269 and in 1910, 19,233, this being a decrease of 4,036 foreign-born whites in the 10-year period mentioned.

In 1910 the number of persons of school age—that is, from 6 to 20 years, inclusive—was 72,094, and the number attending school, 42,623.

Methods of Inspection.

The inspection was intended to embrace all schools in the county, the schools of Louisville being included on the request of the city health officer. Since the city schools, however, are regularly inspected by school physicians, while the rural schools of the county had never been regularly inspected, the work in the latter schools was undertaken first. In addition to the schools, 23 homes, private schools, institutions, and orphanages in Louisville were visited.

The inspections consisted in observing generally the sanitary condition of the schools visited, and particularly in examining the eyes of the pupils for evidences of trachoma, the eyelids being everted for this purpose.

A total of 239 schools was inspected. Of this number 106 were rural and 133 urban schools; 168 were public and 71 were parochial schools, private schools, etc.

Trachoma.

The following is a table of the total number of pupils enrolled, the pupils present, the pupils examined, and the trachoma cases discovered in the above-mentioned schools:

Schools.	Number.	Pupils enrolled.	Pupils present.	Pupils examined.	Pupils refusing examination.	Trachoma cases.	Suspicious cases.
Rural (county) schools	106	6,354	4,774	4,459	315	120	8
Urban schools, orphanages, etc.	32	1,016	755	755	....	68	5
Urban schools, parochial schools, etc	48	15,952	14,092	14,087	5	325	176
Urban schools, orphanages, etc.	53	19,024	16,015	15,996	19	292	139
Total	239	42,346	35,636	35,297	339	805	328

NOTE.—Colored pupils examined (included in above), 4,731; cases of trachoma found, 4; suspicious cases, 13.

The number of pupils examined was 35,297, of whom 30,566 were white and 4,731 colored.

Prevalence of Trachoma.

Eight hundred and five undoubted cases of trachoma and 328 suspicious cases of eye disease were found among the children examined. It is worthy of notice that the amount of trachoma infection among the white children was 2.26 per cent and among the colored only 0.09 per cent. That is to say, trachoma was 25 times more prevalent among the white than among the colored school population.

As a whole, there was a close relation between the rural and urban schools, in so far as trachoma is concerned, the percentage of infection being nearly the same.

The sanitary conditions in the different sections of the county seemed to have no influence on the cases of trachoma found in the schools scattered over the county. We are of the opinion that it is a matter of personal cleanliness and that the use of the common towel and wash pan in the schools and homes is the agent by which the disease is spread.

For instance, one Saturday in December, one of us demonstrated trachoma before the county school-teachers assembled in the county superintendent's office. The case was that of a girl who had an advanced trachomatous condition of both eyes and had been kept out of school for that reason. Her mother had the disease and her father, who was nearly blind, had evidently had it also. This girl had at one time attended Medora School where 6 cases of trachoma were found. She later attended Valley schools where 2 cases were found. The teacher at the latter school, being suspicious of the condition of the girl's eyes, had her eyes examined and took steps to have the case excluded from the school.

At Massee Station school, one of the newest and cleanest schools visited, 3 cases were found. One, an 11-year-old girl, had a rather severe condition, and it was learned she had attended school at Jefferson Town where there were 3 cases of trachoma.

At Indianola school 9 cases were found and 3 families furnished 8 of the cases. The inspector was told by the teacher that another child of one of the families also had sore eyes, but as he was absent that day he was not seen.

At St. Helen's parochial school a boy was found who had trachoma, and it was learned that he had recently attended school at Cane Run where 3 cases had been seen. Two sisters at the latter school were found to have the disease. In this way it is possible for trachoma to be carried from one school to another, and the common towel and the wash pan are the principal means by which the disease is spread in each school.

The disease was much more prevalent in the "homes" and orphanages of the city. At one home 34 cases were found among 340 children, at another 6 cases among 121 inmates, at another 12 cases among 107 boys examined, and at another 5 cases among 97 girls.

The following shows the number of cases of trachoma, arranged according to ages. There were also 40 other children examined, whose ages were not secured:

Age.	Cases of trachoma.	Age.	Cases of trachoma.
4 years	1	12 years	72
5 years	19	13 years	51
6 years	56	14 years	50
7 years	80	15 years	26
8 years	96	16 years	13
9 years	104	17 years	2
10 years	102	20 years	1
11 years	92		

Probable Sources of Infection.

In 19 of the cases observed by one of us trachoma was found to be a family affair, two or more children from the same family being in the same school with the disease.

A large group of the cases detected by one of us could likewise be traced to family groups or orphanages or similar institutions. In a large school inspected, the majority of the cases found occurred among the inmates of a small orphanage which constituted an insignificant percentage of the total number of pupils in this particular school.

Skin and Scalp Disease.

Rural schools.—In the rural schools there were very few cases of contagious skin disease. There were one case of ringworm of the face and one probable case of favus of the scalp. Several cases of facial impetigo contagiosa and of pediculosis capitis were observed in the schools just outside the city limits and in the neighborhood of factories. The schools well out in the country were practically free from skin diseases, and as a whole the pupils were much healthier looking than the city children.

Ten cases of chicken pox were found in an orphan asylum in Louisville, and the small attendance at a rural colored school was explained by the teacher to be due to the prevalence of chicken pox in the neighborhood.

Louisville schools.—Pediculosis capitis was found to be absent or rare in most of the schools in Louisville, it being largely confined to children of foreign parentage. In one small school, however, about 90 per cent of the pupils were harboring this parasite. Pediculosis was not found in the colored schools. Other skin diseases were found to be rare. A number of cases of ringworm were observed, it being noticeably more prevalent among colored than among white children.

Sanitary Condition of Schools.

Rural schools.—Many of the 106 country schools inspected were comparatively new, several being less than a year old.

Lighting.—In only two or three schools was there any real attention paid to proper lighting of the room, correct seating of pupils, and right location of blackboard with reference to entrance of sunlight. In several of the new schools there were cross-lights and shadows on the desks and it was impossible from various places in the room to read the writing on the blackboard on account of the glare caused by poor lighting. In these rooms the teachers stated that a number of children complained of weak eyes and headaches.

Heating.—Most of the new schools and some of the larger old ones had up-to-date coal-fire heaters, surrounded by asbestos-lined shields. The fresh air as it came in was heated inside the shield and diffused throughout the room. The foul air entered a pipe at floor level which discharged into another flue heated by gases in adjoining flue from stove, thus causing an upward current of foul air.

Many of the schools had the coal stove in the center of the room. In cold weather those nearest the stove would bake while those in the corners would remain cold, this condition being remedied by the teacher having the children take seats in turn near the stove and giving all a chance to bake and freeze in succession.

Common drinking cups, roller towels, etc.—Many of the schools had common towels and almost all were using common wash pans and drinking cups. In some cases the one towel looked as if it had not been to the laundry for a week or two. In one school the towel had the appearance of having been used to clean the stove, in addition to the children's faces and hands.

Toilet facilities.—With one exception all the schools had two privies, one for boys and one for girls. Some were quite primitive and in an insanitary condition.

In one colored school, on noticing the absence of an outhouse one of the larger boys was questioned, and he remarked, "We go down behind the bank."

The building where this school was lodged was not fit to be used as such. It was a ramshackle, dilapidated old log cabin, entirely too small for the 35 children crowded around the hot stove, with all the windows and one door shut. The teacher said that one-third of the pupils were absent, the enrollment being 54. As the chinking had fallen from between the logs in several places, the children ought to have plenty of fresh air when the wind blows hard. At this school was found one of the two trachoma cases observed by one of us among colored children.

City schools.—The city schools visited were found on the whole to be well lighted, ventilated, and kept clean. Common towels were found in a few instances. The public schools were generally provided with drinking fountains, but in the parochial schools common drinking cups were found to be in use.

Acknowledgments.

Acknowledgment is due and here made for the hearty cooperation had from county and city health and school authorities. It is a pleasure also to acknowledge the assistance rendered by Mr. L. J. Stivers, former superintendent of schools, during the examination of 64 rural schools and to express appreciation of the assistance rendered by the medical inspectors of schools, nurses, and especially the teachers who aided in every practicable way.

LEPROSY IN NORWAY.

The following data relating to lepers in the leprosaria of Norway were taken from official Norwegian reports and furnished by Mr. Frederick L. Hoffman:

Statistics from the leprosaria—Norway.

Years.	Average age at the beginning of the disease.		Average duration in years of the disease.	
	Tuberculous leprosy.	Anæsthetic leprosy.	Tuberculous leprosy.	Anæsthetic leprosy.
1901-1905	31.8	33.1	11.5	30.2
1906-1910	31.3	31.0	16.1	34.9

NOTE.—The tuberculous form of leprosy is decreasing more rapidly than the anæsthetic form. The number of persons suffering from the two different forms is now about equal.

Persons suffering from leprosy at the end of 1910, by sex and age—Norway.

Ages.	Males.	Females.	Total.	Ages.	Males.	Females.	Total.
5-10	1		1	60-70	20	29	49
10-15		1	1	70-80	14	29	43
15-20	3	3	6	80-90	4	6	10
20-30	6	16	22	90-100		2	2
30-40	16	13	29	Unknown	29	19	48
40-50	20	33	53				
50-60	24	35	59	Total	137	186	323

Number of deaths from leprosy 1906-1910—Norway.

Ages.	Males.	Females.	Total.	Ages.	Males.	Females.	Total.
15-20	6	2	8	70-80	23	14	37
20-30	6	2	8	80-90	14	14	28
30-40	18	12	30	90-100		2	2
40-50	22	11	33	Unknown	12	8	20
50-60	11	5	16				
60-70	16	13	29	Total	128	83	211